

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
JAN 30 2013



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) BY: (MIDDLE).....  
Howell Kelly Maureen

1. Office, Agency, or Court

Agency Name  
City of Eastvale  
Division, Board, Department, District, if applicable Your Position  
City Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge or Court Commissioner (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Eastvale ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

- ☒ Annual: The period covered is January 1, 2012, through December 31, 2012.  
-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2012.  
☐ Assuming Office: Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2012, through the date of leaving office.  
☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: \_\_\_\_\_

- ☐ Schedule A-1 - Investments - schedule attached ☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule A-2 - Investments - schedule attached ☒ Schedule D - Income - Gifts - schedule attached  
☐ Schedule B - Real Property - schedule attached ☐ Schedule E - Income - Gifts - Travel Payments - schedule attached  
-or-  
☐ None - No reportable interests on any schedule

5.

I have used all reasonable diligence in preparing this statement. I have verified the information herein and in any attached schedules is true and complete. I acknowledge the accuracy of the information.  
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 01/25/2013  
(month, day, year)

(File the originally signed statement with your filing official)

# SCHEDULE D Income - Gifts

Name

Kelly Maureen Howell

► NAME OF SOURCE (Not an Acronym)

Robert E. Lewis

ADDRESS (Business Address Acceptable)

5240 S. Polaris Ave., Las Vegas, NV 89118

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building/Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 12	\$ 143	Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

John M. Goodman

ADDRESS (Business Address Acceptable)

P.O. Box 670, Upland, CA 91785

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building/Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 12	\$ 143	Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Randall W. Lewis

ADDRESS (Business Address Acceptable)

P.O. Box 670, Upland, CA 91785

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building/Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 12	\$ 143	Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

Richard A. Lewis

ADDRESS (Business Address Acceptable)

P.O. Box 670, Upland, CA 91785

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Building/Development

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
05 / 21 / 12	\$ 143	Food
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

► NAME OF SOURCE (Not an Acronym)

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____
___ / ___ / ___	\$ _____	_____

Comments: \_\_\_\_\_